



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 5, 2018

Ms. Jeana Lavallee, Manager
Living Well Residence
71 Maple Street
Bristol, VT 05443-1004

Dear Ms. Lavallee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 7, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

PRINTED: 11/19/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0543	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2018
NAME OF PROVIDER OR SUPPLIER LIVING WELL RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 71 MAPLE STREET BRISTOL, VT 05443		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: The Division of Licensing and Protection conducted unannounced onsite investigations of a complaint and a facility self-report on 11/7/18. The following regulatory violations were cited as a result.	R100		
R224 SS=D	VI. RESIDENTS' RIGHTS 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure 1 applicable resident (Resident # 1) was free from exploitation. Findings include: Per interview with the House Manager, a facility employee who was delegated to give medications diverted Norco (a narcotic analgesic) from Resident #1. On 11/7/18 at 11:00 AM, the House Manager stated that they had video evidence of the employee diverting the medication on at least 3 occasions in July of 2018. Review of the Medication Administration Record for July 2018 showed that Resident # 1 was receiving Norco on both a scheduled and as needed basis.	R224	The deficiency was acted upon immediately, the employee was terminated that day, family, physician, DLP and APS were notified. The changes put in place to prevent recurrence are: - Both random and weekly review of video footage by Nurse/House Manager. Compliance will be monitored by a sign off sheet for Nurse/ House Manager. This began 08/01/18 and is ongoing. - Staff training on how to spot, prevent, and properly report suspected diversion. All trainings will be completed by 12/30/18 and will be repeated at least yearly. House Manager will ensure that trainings are entered in Inservice tracking software.	
R266 SS=G	IX. PHYSICAL PLANT 9.1 Environment	R266		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

VEQY11

If continuation sheet 1 of 2

R224-R266 POC's accepted 12/5/18 Rtremlay RN/PMC

PRINTED: 11/19/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0543	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/07/2018
NAME OF PROVIDER OR SUPPLIER LIVING WELL RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 71 MAPLE STREET BRISTOL, VT 05443			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R266	<p>Continued From page 1</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide and maintain a safe environment for 1 applicable resident (Resident # 2). Findings include:</p> <p>On 11/4/18, Resident # 2 fell from a door leading onto a porch area that was under construction. Per staff interview, the door should have been secured/locked to temporarily prevent egress. Resident # 2 is noted to be a fall risk and has a diagnosis of dementia. The resident ambulates independently and his/her cognition is moderately impaired. Per interviews with the House Manager and a facility maintenance staff member on 11/7/18 at 9:45 AM and 10:31 AM respectively, the door leading onto the outside porch area was supposed to have been secured but wasn't. Per observation, the deck area construction has since been completed. The resident fell approximately 3-4 feet from the door to the ground.</p>	R266	<p>Corrective actions put in place immediately: The door was secured 11/4/18 for the duration of the project. This project was completed on 11/4/18.</p> <p>Should the need to secure a door temporarily arise again, the system already in place now is as follows: The maintenance person will check in with staff to alert them to his presence, he will make staff aware that a door is being temporarily secured. Staff will ensure that the door is secured and this will be added to the shift report and a message sent electronically to House Manager or designee. The House Manager or designee will follow up the following day to ensure that notification of door securing was added to shift report. This system was put in place 11/12/18 and is ongoing.</p>		

Division of Licensing and Protection
STATE FORM

6886

VEQY11

If continuation sheet 3 of 2